

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050204

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 3900

FILED JAN 9 1964

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jennings</u>		Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>St Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Halle Ferry Memorial Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2108 Linton</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mamie Favazza</u>		4. DATE OF DEATH Month Day Year <u>Dec 20 63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/1/1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coin Home</u>	11. BIRTHPLACE (City and state or country) <u>Providence Rhode Island</u>
13a. FATHER'S NAME <u>Lawrence Pappura</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Kurso</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Angelina Mucurio</u>		Address <u>102 E High St. St. Louis</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic adenocarcinoma</u> DUE TO (b) <u>Rt ovarian adenocarcinoma</u> DUE TO (c) <u>hypertensive Cardiovascular Dis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Aug. 1962</u> <u>Nov. 1962</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>- - -</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	
21. I attended the deceased from <u>July 2, 1962</u> to <u>12/20/63</u> and last saw her alive on <u>12/20/63</u> Death occurred at <u>4:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/21/63</u>	
22a. SIGNATURE (Degree or title) <u>Anthony J. J. J. J. J.</u>		22b. ADDRESS <u>7150 Natural Bridge</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/23/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	23d. LOCATION (City, town, or county) <u>St Louis</u>
24. FUNERAL DIRECTOR <u>Mueli 1150 700 Kingshighway</u>		25. DATE RECD. BY LOCAL REG. <u>12-21-63</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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1000-1-100

1000-1-100

STATEMENT BY LICENSED EMBALMER

6-08

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.